



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau of Medical Services
Office of Pharmacy Services
350 Capitol Street - Room 251
Charleston, West Virginia 25301-3709**

Prescriptions Reimbursed Below Cost Research Request Form

This form is to be completed by the pharmacy and faxed along with a copy of the invoice and claim information directly to Goold Health Systems 1-844-335-4727. GHS will research the "underpaid" claim and correspond back to the pharmacy all findings upon completion of research.

NPI #: _____

Pharmacy Name: _____

Contact Name: _____

Pharmacy Phone #: _____

Pharmacy Fax #: _____

Drug Name: _____

NDC #: _____

Please include:

- Copy of recent Invoice for the claim in question. (All invoice information must be seen)
- Copy of the Claim initiating the inquiry for reimbursement review. (Claim must show RX#, NDC#, DOS and Amt paid).

Thank you,

West Virginia SMAC Helpdesk
1-855-389-9504 Phone
1-844-335-4727 Fax
WVSMAC@ghsinc.com